

Name in Full

Certificate of Death

Sophia Allen

Died at <sup>Town</sup> Annapolis <sup>County</sup> AA MARYLAND

Date 189 <sup>Month</sup> 8 <sup>Day</sup> July 19<sup>th</sup> Age 42 <sup>Y.</sup> yrs <sup>M.</sup> <sup>D.</sup> Md. Occupation book.  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female Colored Single Widower Number of children living 4.

Husband  
of  
Wife

Father's Name Mother's Name

Cause of Death { Primary Child Birth. 117  
Immediate Hemorrhage from bowels & stomach. 117  
How long sick Five days  
Accident, Suicide, Homicide

Reported by John Ridout Md.  
Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recd for record  
Sept 10<sup>th</sup> 1898

Name in Full

Certificate of Death

Clarence Edwin Bowen

Town

County

Died at Masonville, A. A. Co

MARYLAND

Date 189 8 July 17 <sup>Month Day</sup> Y. M. D. Age 9 20 <sup>Native of</sup> Masonville <sup>Occupation</sup> —

male <sup>White</sup> male <sup>Married</sup> Widow <sup>Single</sup> Widower <sup>Number of children living</sup> —

Husband  
of  
Wife

Father's Name John Thomas Bowen Mother's Name Fannie E. Bowen

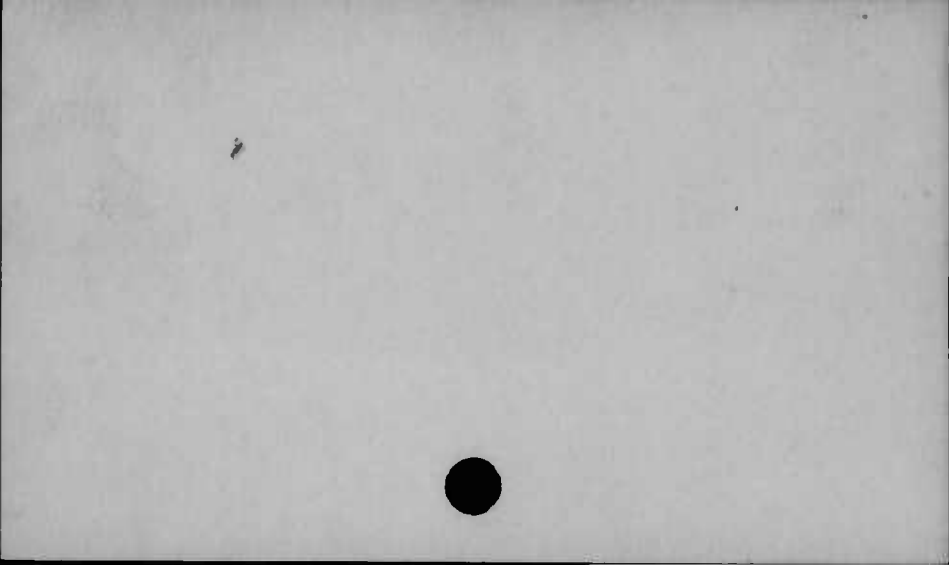
Cause of Death { Primary Myocardium How long sick 2 months  
Immediate Exhaustion Accident, Suicide, Homicide

Reported by Thomas B. Fortow M.D.

Address South Balto, A. A. Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Victoria Boyer

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8 July 26

Age

38

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Nine

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright's Disease

How long sick

Six days

Death

Immediate

Eragmic Convulsions

~~Accident, Suicide, Homicide~~

Reported by

R. H. Hammond M. D.

Address

Jessups Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rosa Rebecca Brady

Town

County

Died at

Annapolis's Junt. A. A.

MARYLAND

Date 1898

Month Day  
July 30

Age 25

Y. M. D.

Native of

W. Va

Occupation

Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
Name

David A. Brady

Mother's  
Name

Rebecca J. Brady

Cause of

Primary

Typhoid Fever

How long sick

12 days

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

Reported by

W. L. Linticum M.D.

Address

Arago

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068





Owen Hamilton Chaney

Town

County

Died at

Friendship

A. A. Co.

MARYLAND

Date 189	8	Month	July	Day	12	Y.		M.	9	D.	9	Native of	Ind	Occupation	
	Male		White				Married		Widow				Divorced		
	Female		Colored				Single		Widower				Number of children living		

Husband  
of  
Wife

Father's Name Thomas S. Chaney

Mother's Name

Alice Chaney

Cause of

Primary

Dysentery

84

How long sick

38 days

Death

Immediate

Cerebral congestion

Accident, Suicide, Homicide

Reported by

L. Weems Petherbridge M.D.

Address

Bunkirk

Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# CERTIFICATE OF DEATH.

Date of Death, July 4<sup>th</sup> 1898

Full name of Deceased, Fred. C. Davis { Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or County, and how long in the United States, if of foreign birth. } Jamaica

Duration of Residence in the City of Baltimore

Place of Death, { Give Street and Number. } Round Bay A. A. Co.

Cause of Death, { First (Primary), Shock - (Struck by lightning) Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurie

Date of Burial, July 5<sup>th</sup> 98

{ Undertaker, Wm. J. Jackson

{ Place of Business, 40 Chestnut St Address, \_\_\_\_\_

W. T. Riley M.D.,  
Medical Attendant  
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,  
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode  
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of  
Death.

WOUNDS—Cause, Variety, Seat and Mode of  
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal  
result.

Mention INTemperance whenever recognized  
as having produced or complicated the  
direct cause of Death.

**JAMES F. McSHANE, M.D.,**

*Commissioner of Health and Registrar.*

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**REMARKS:**

Name in Full

Certificate of Death

Edward Evans.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8 July

14<sup>th</sup>

Age

63 yrs.

Md.

Laborer.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living Two.

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Immediate

Death

Stricture of Urethra  
Enlarged Prostate  
Typhoid State

How long sick

Only attended  
him four days.

Accident, Suicide, Homicide

Reported by

Address

John Ridout M.D.

Annapolis Md.

Sick for  
a long  
time before  
I saw him

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record  
Sept 10th 98

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Premature birth

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, *July 4 1908*  
Full name of Deceased, *John W. Garrett* { Write legibly with ink and spell correctly. If an infant not named give names of parents. }  
Sex, *Male* or Female, { Cross out the words not required in this line. }  
Age, *21* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *Col.*  
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }  
Occupation, *Farmer*  
Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Md.*  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give Street and Number. } *Room 13 Bay A. A. & Md*  
Cause of Death, { First (Primary), *Shock.* (Struck by lightning) }  
{ Second (Immediate), *Short time* }  
Duration of Last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.  
Place of Burial, *Highland* } *A. A. & Md*  
Date of Burial, *July 6 1908* }  
{ Undertaker, *Smith & Co* } *White* M.D.,  
{ Place of Business, *St. S. Howard* } *Cowen* Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CANCER—Variety and Seat.  
CALCULUS—Mode of Death.  
DENTITION—Mode of Death.  
DISEASE OF HEART—Variety. Valves involved.  
DROPSY—Variety and Cause.  
ENTERITIS AND GASTRO-ENTERITIS—Cause,  
whether Diarrhoeal or not.  
ERYSIPELAS—Seat and Cause.  
FRACTURES—Cause and Mode of Death.  
GANGRENE—Seat and Cause.  
GASTRITIS—Cause.  
HERNIA—Variety and Mode of Death.  
INSANITY—Variety and Mode of Death.  
JAUNDICE—Cause and Mode of Death.  
MANIA, ACUTE—Cause and Mode of Death.  
MISCARRIAGE—Cause and Mode of Death.  
MALIGNANT PUSTULE—Location and Cause.  
MALFORMATION—Variety.

PERITONITIS—Cause.  
PHLEBITIS—Cause.  
PYAEMIA—Cause. Nature of Injury, if any.  
PREMATURE BIRTH—Cause. Fœtal age.  
PRETERNATURAL BIRTH—Manner of.  
SYPHILIS—Variety. Chief Location and Mode  
of Death.  
TETANUS—Nature of Injury, if any.  
ULCER—Nature. Chief Location and Mode of  
Death.  
WOUNDS—Cause, Variety, Seat and Mode of  
Death.  
ABSCCESS—Cause, Location and Mode of Death.  
Specify every Surgical Operation with fatal  
result.  
Mention INTemperance whenever recognized  
as having produced or complicated the  
direct cause of Death.

**JAMES F. McSHANE, M.D.,**

*Commissioner of Health and Registrar.*

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**REMARKS:**

Name in Full

Certificate of Death

Mary C. Green

Died at

Town

County

Annapolis Anne Arundel

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July 21<sup>st</sup>

Age

38 yrs.

Md.

House work

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Three

Husband

of

Wife

Father's

Name

Mother's

Name

Susan Watkins

Cause of

Primary

Phthisis Pulmonalis

How long sick

Nine months

Death

Immediate

22.0.

Accident, Suicide, Homicide

Reported by

John Ridout M.D.

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record  
Sept 10th 98

*Griffiths*

Died at Town *Granoch* County *Adco* MARYLAND

Date 189 8 July 13 Y. M D Native of *Adco* Occupation *—*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband  
of  
Wife

Father's  
Name

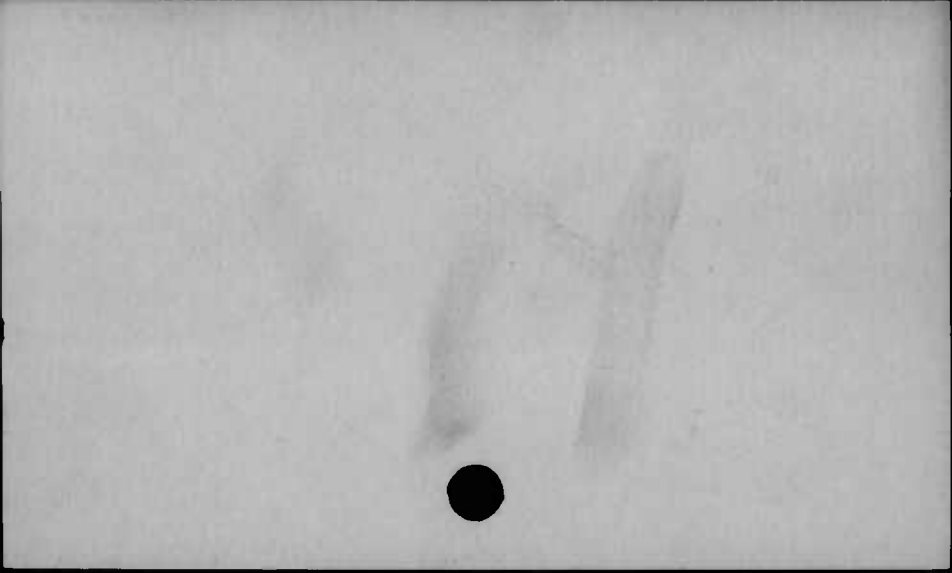
Mother's  
Name

Cause of *Ben Griffith* *Bertha Griffith*  
 { Primary *Chloroform* *undog*  
 Death Immediate *undog*  
 How long sick *undog*  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Gruntsky  
 Died at <sup>Town</sup> South Baltimore, <sup>County</sup> A. A. Co.,

MARYLAND

Date 189 <sup>Month</sup> 8 <sup>Day</sup> July <sup>Y.</sup> 23 <sup>M.</sup> <sup>D.</sup> Age 35- <sup>Native of</sup> Russia <sup>Occupation</sup> Laborer  
 Male White Married ~~Widow~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Mary Gruntsky  
 Wife  
 Father's Name could not find  
 Mother's Name

Cause of Death { Primary Heat - Fever 54  
 Immediate 6 hours  
 How long sick  
 Accident ~~Suicide~~ ~~Homicide~~

Reported by Thomas B. Horton M.D.  
 Address South Balto, A. A. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988





No. **A.**

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 21<sup>st</sup> 1898*

Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *David Heney*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, about *25* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or county, and how long in the United States, if of foreign birth. } *German County*

Duration of Residence in the City of Baltimore, *23 Yrs.*

Place of Death, { Give Street and Number. } *Long Cove bridge, Fairfield H. H. Co. Md*

Cause of Death, { First (Primary), Second (Immediate), } *Accident*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Asa Hill*

Date of Burial, *July 24 "1898"*

{ Undertaker, *Nicholas J. Fuchs*

{ Place of Business, *1846 W. Pratt St* Address, *Brooklyn H. H. Co. Md*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Following Additional Information is Requested in Relation to the Causes of De  
Enumerated Below:

HEURISM—Mode of Death.	METRITIS—Variety and Cause.
ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.	NECROSIS—Seat. Cause and Mode of Death.
CHILDBIRTH—Circumstances producing Death.	OVARIAN TUMOR—Mode of Death.
CANCER—Variety and Seat.	PARALYSIS—Variety and Cause.
CALCULUS—Mode of Death.	PERITONITIS—Cause.
DENTITION—Mode of Death.	PHLEBITIS—Cause.
DISEASE OF HEART—Variety. Valves involved.	PYÆMIA—Cause. Nature of Injury, if any.
DROPSY—Variety and Cause.	PREMATURE BIRTH—Cause. Foetal age.
ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.	PRETERNATURAL BIRTH—Manner of.
ERYSIPELAS—Seat and Cause.	SYPHILIS—Variety. Chief Location and Mode of Death.
FRACTURES—Cause and Mode of Death.	TETANUS—Nature of Injury, if any.
GANGRENE—Seat and Cause.	ULCER—Nature, Chief Location and Mode of Death.
GASTRITIS—Cause.	WOUNDS—Cause, Variety, Seat and Mode of Death.
HERNIA—Variety and Mode of Death.	ABSCCESS—Cause, Location and Mode of Death.
INSANITY—Variety and Mode of Death.	Specify every Surgical Operation with fatal result.
JAUNDICE—Cause and Mode of Death.	Mention INTemperance whenever recognized as having produced or complicated the direct cause of Death.
MANIA, ACUTE—Cause and Mode of Death.	
MISCARRIAGE—Cause and Mode of Death.	
MALIGNANT PUSTULE—Location and Cause.	
MALFORMATION—Variety.	

**JAMES F. McSHANE, M.D.,**

*Commissioner of Health and Registrar.*

**REMARKS.**

## Health Department, City of Baltimore

No. **A**

Office of Registrar of Vital Statistics.

Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accounted out to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 30th 1898*

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } *Flora M. R. Seck*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *69* Years, *5* Months, *17* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, .....

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *36 Years*

Place of Death, { Give Street and Number. } *Stone Creek Ave. Co. Md.*

Cause of Death, { First (Primary), *Diabetes* Second (Immediate), *Coma* }

Duration of Last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *Spring Hill Bury*

Date of Burial, *Aug. 2nd 1898*

{ Undertaker, *Andrew Rolfe* } *Laurel H. Barclay M.D.* Medical Attendant.

{ Place of Business, *730 Penna Ave.* Address, *52 Dr. Monument* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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ISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether  
Epidemic or simply Inflammatory.

CHILD BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,  
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode  
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of  
Death.

WOUNDS—Cause, Variety, Seat and Mode of  
Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal  
result.

Mention INTEMPERANCE whenever recognized  
as having produced or complicated the  
direct cause of Death.

**JAMES F. McSHANE, M.D.,**

*Commissioner of Health and Registrar.*

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**REMARKS:**

Name in Full

Certificate of Death

Marion Rebecca Little

Town

County

Died at

Annapolis, A.A. Co

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

July

4

Age

6 19

City

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Benj Little

Mother's

Name

Lucy Little

Cause of

Primary

Heat-

How long sick

5 days

Death

Immediate

Enterocolitis PV

Accident, Suicide, Homicide

Reported by

Wm Bishop M.D.

Address

12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, BOSTON



Mary Reed

Town

County

Died at Eastern 1-

Aa Co

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

7 23

Age

16 10 3

Aa Co

Domestic

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living none

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Inflammatory Rheumatism

How long sick

4 weeks

Death

Immediate

Premature Labor

Accident, Suicide, Homicide

Reported by

Wm Butler M D

Address

12 Church Circle





Name in Full

Certificate of Death

Virgil M Reigel

Town

County

Died at

MARYLAND

Date 189

Month *July* Day *4<sup>th</sup>* Y. *16* M. *—* D. *—* Native of *Maryland* Occupation *farmer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐  
 Single ☐ Widower ☐ Number of children living *—*

Husband of

Wife of

Father's Name

Mother's Name

Cause of

Primary

Heart disease

55

How long sick

7 months 24 days

Death

Immediate

Dissect (cardiac)

Accident, Suicide, Homicide

Reported by

J H DuBois M.D.

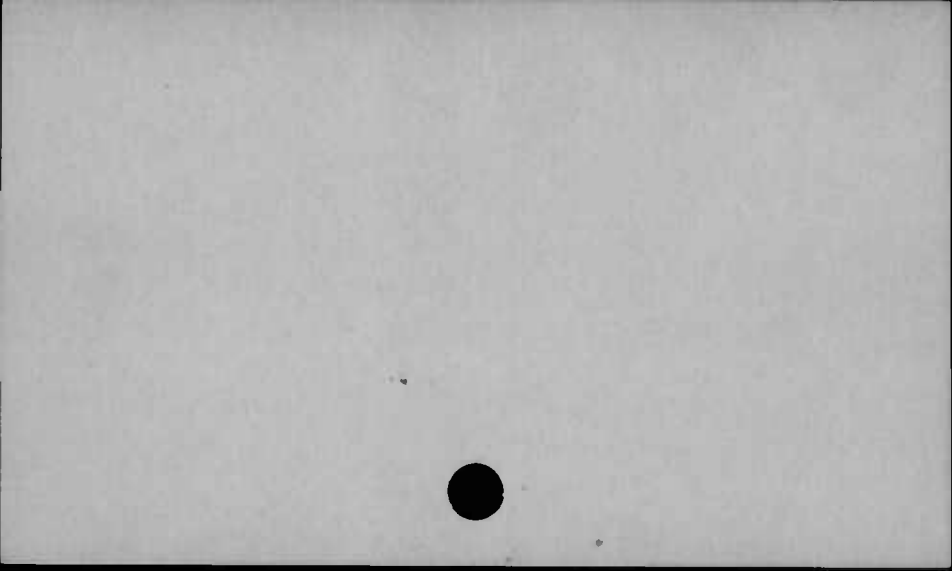
Address

Gambrell

Chase &amp; Crummett Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Hallist- Nathaniel Richardson

Town

County

Died at

MARYLAND

Date 189 8 July 3 3 12 city  
 Male Widow Married Widow Divorced Widow  
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Adelle Rosalie Thomas

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

7

15

Age

3 27

A.A. Co.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Oden Thomas

Mother's

Name

Rosetta Beauford

Cause of

Primary

Mal nutrition

How long sick

7 days

Death

Immediate

Enteric Colitis

Accident, Suicide, Homicide

Reported by

Wm Bishop MD

Address

12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



## Health Department, City of Baltimore,

Permit No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 29/98*

Full name of Deceased, *Harry Singer* { Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, *24* Years, Months, Days.

Color, *W.*

Married, *Single*, *Widower* or *Widow*, { Cross out the words not required in this line. }

Occupation, *Machineist*.

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Here*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give Street and Number. } *Ferry Hill A.D.C.*

Cause of Death, { First (Primary), Second (Immediate), } *Gunshot (accidental)*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill Cem*

Date of Burial, *Aug 31/98*

{ Undertaker, *Julius Kochler* }

{ Place of Business, *Shapers Cross* }

Address, *W. T. Riley M.D., Medical Attendant, Corner*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

BRISM—Mode of Death.  
R. SPINAL MENINGITIS—Variety, whether  
Epidemic or simply Inflammatory.  
CHILDBIRTH—Circumstances producing Death.  
CANCER—Variety and Seat.  
CALCULUS—Mode of Death.  
DENTITION—Mode of Death.  
DISEASE OF HEART—Variety. Valves involved.  
DROPSY—Variety and Cause.  
ENTERITIS AND GASTRO-ENTERITIS—Cause,  
whether Diarrhœal or not.  
ERYSIPELAS—Seat and Cause.  
FRACTURES—Cause and Mode of Death.  
GANGRENE—Seat and Cause.  
GASTRITIS—Cause.  
HERNIA—Variety and Mode of Death.  
INSANITY—Variety and Mode of Death.  
JAUNDICE—Cause and Mode of Death.  
MANIA, ACUTE—Cause and Mode of Death.  
MISCARRIAGE—Cause and Mode of Death.  
MALIGNANT PUSTULE—Location and Cause.  
MALFORMATION—Variety.

METRITIS—Variety and Cause.  
NECROSIS—Seat. Cause and Mode of Death.  
OVARIAN TUMOR—Mode of Death.  
PARALYSIS—Variety and Cause.  
PERITONITIS—Cause.  
PHLEBITIS—Cause.  
PYAEMIA—Cause. Nature of Injury, if any.  
PREMATURE BIRTH—Cause. Fœtal age.  
PRETERNATURAL BIRTH—Manner of.  
SYPHILIS—Variety. Chief Location and Mode  
of Death.  
TETANUS—Nature of Injury, if any.  
ULCER—Nature. Chief Location and Mode of  
Death.  
WOUNDS—Cause, Variety, Seat and Mode of  
Death.  
ABSCESS—Cause, Location and Mode of Death.  
Specify every Surgical Operation with fatal  
result.  
Mention INTemperance whenever recognized  
as having produced or complicated the  
direct cause of Death.

**JAMES F. McSHANE, M.D.,**

*Commissioner of Health and Registrar.*

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**REMARKS:**